

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>		<i>6/9/00</i>
O.I.P.E. CLASSIFIER	<i>E.T.N.</i>	<i>11</i>	<i>6/16/2000</i>
FORMALITY REVIEW	<i>C.Y.C.</i>	<i>TC 630</i>	<i>7-21-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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